

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF MICHIGAN

JASON CANTRELL #397429,

Plaintiff,

NO. 1:18-cv-1163

v

HON. GORDON J. QUIST

MICHIGAN DEPARTMENT OF  
CORRECTIONS, *et al.*,

MAG. PHILLIP J. GREEN

Defendants.

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Exhibit Q

Class II Misconduct Hearing Report  
Charge: Disobeying a Direct Order-420  
Date: 8/19/2017

MICHIGAN DEPARTMENT OF CORRECTIONS  
**CLASS II AND III MISCONDUCT HEARING REPORT**

CSJ-229  
 10/10

GENERAL INFORMATION			
Prisoner Number <b>397429</b>	Prisoner Name <b>Cantrell</b>	Facility Code <b>IBC</b>	Violation Date <b>8-16-2017</b> <i>8/19/17</i> <i>per nurse</i>
MISCONDUCT VIOLATION			
Hearing Class II <input checked="" type="checkbox"/> Class III <input type="checkbox"/>	Misconduct Charges <b>Disobeying a Direct Order-420</b>		
Misconduct Charge if Changed by Hearing Officer		Plea <input type="checkbox"/> Guilty <input checked="" type="checkbox"/> Not Guilty	
WAIVER OF HEARING			
I understand I have a right to a hearing. I waive my right to a hearing and plead guilty to all charges. I also waive my right to appeal and accept the sanctions imposed.		Prisoner's Signature	Date
HEARING REPORT (Do Not Complete if Hearing Waived)			
Evidence and/or prisoner statement in addition to misconduct report: Prisoner Cantrell was present for the hearing. Prisoner Cantrell stated that the misconduct was written on another prisoner because his number is incorrect.			
Reasons for findings: Based on misconduct the prisoners number was off one digit. This was a clerical error. I find the prisoner guilty as charged.			
FINDINGS			
Charge 1 <input checked="" type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Dismissed	CMIS Code <u>420</u>		
Charge 2 <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Dismissed	CMIS Code _____		
Charge 3 <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Dismissed	CMIS Code _____		
Charge 4 <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Dismissed	CMIS Code _____		
SANCTIONS (Hearing Investigator enters begin and end dates)			
<u>5</u> Days Toplock	Begins: <u>10-8-17</u>	Ends: <u>10-13-17</u>	<input type="checkbox"/> Counseling/Reprimand (Class III only)
<u>30</u> Days Loss of Privileges	Begins: <u>10-13-17</u>	Ends: <u>11-12-17</u>	<input type="checkbox"/> \$ _____ Restitution (Class II only)
____ Hours Extra Duty	Begins: _____	Ends: _____	
Property Disposition if Applicable: _____			
Misconduct Hearing Report given to Hearing Investigator for Delivery to Prisoner this date: _____			
Hearing Officer's Name (Print) <b>Lt. M. Bennickson</b>	Hearing Officer's Signature <i>Lt. M. Bennickson</i>	Hearing Date <b>8-22-2017</b>	
Hearing Investigator's Name (Print) <b>B. Novak</b>	Hearing Investigator's Signature <i>B. Novak</i>	Date <i>8/23/17</i>	

Distribution: Counselor File; Record Office File (Class II); Prisoner

MICHIGAN DEPARTMENT OF CORRECTIONS  
MISCONDUCT REPORTCSJ-228  
10/10 4835-3228

8-27

Prisoner Number: <b>397428</b>	Prisoner Name: <b>Centrell</b>	Facility Code: <b>IBC</b>	Lock: <b>Z-246 B</b>	Violation Date: <b>8-18-17</b>
Time and Place of Violation: <b>2015 Housing Unit 2 B Upper</b>		Contraband Removal Record Provided to Prisoner? <input type="checkbox"/> Yes Date _____ <input checked="" type="checkbox"/> N/A		
Misconduct Class: <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III		Charge(s): <b>Disobeying A Direct Order</b>		
Describe Violation (If contraband involved, describe in detail; identify any other employee witnesses): <b>While Running Med lines in Hu 2 Prisoner Centrell #397428 who looks in Z-246B came out of his cell and He did not have Meds to get From Approx 3 Feet Away I gave him, with Direct Eye contact 2 Direct orders to Return to his cell. Prisoner Centrell's Bunkie Returned From getting Meds and when the Door opened Prisoner Centrell stepped into his Door way and stopped his Door From Closing. I gave Him 3 direct orders to Enter his cell and allow the Door to close From 2 Feet Away with Direct Eye contact I then gave him a direct order to turn Around to be Restrained At no Time did He comply with my orders. ID by State ID + Hu 2 Court Board. As I was giving Him orders to Enter his cell He Replied "Fuck you Make me!"</b>				
Reporting Staff Member's Name (Print): <b>Heilig</b>		Reporting Staff Member's Signature: 		Date and Time Written: <b>8-18-17 2056</b>
<b>REVIEW</b>				
Location/Verification/Condition of Evidence:				
Elevated to Class I at review: <input type="checkbox"/> No <input type="checkbox"/> Yes		If "yes", explain reason:		
<b>COMPLETE THIS SECTION ONLY FOR REVIEW OF CLASS I MISCONDUCT</b>				
Status Pending Hearing: <input type="checkbox"/> Bond <input type="checkbox"/> Segregation <input type="checkbox"/> Confinement to Cell/Room <input type="checkbox"/> Other		Reason If Non-Bond: <input type="checkbox"/> Non-Bond List <input type="checkbox"/> Bond Revoked (must give reason)		
Date and Time Given this Status:		Who Notified in Housing Unit of Status:		
Hearing Investigator Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes		Witnesses Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Relevant Documents Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:		If yes, list:		
Additional Comments: <b>30</b>		Prisoner Waives 24 Hour Notice of Hearing? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Hearing Date: <b>8-21-17</b>		
Reviewing Officer's Name (Print): <b>Lt S. Gilbert</b>		Reviewing Officer's Signature: 		Review Date and Time: <b>8-18-17 2133</b>
I have received a copy of this report. My signature does not necessarily mean that I agree with the report. <input checked="" type="checkbox"/> Prisoner refused to sign. Copy given to prisoner.		Prisoner's Signature: 		Date:
<b>WAIVER OF CLASS II OR III HEARING</b>				
I understand I have a right to a hearing. I waive my right to a hearing and plead guilty to all charges. I also waive my right to appeal and accept the sanctions imposed.		Prisoner's Signature:		Date:
<b>SANCTIONS IMPOSED (Hearing Investigator enters begin and end dates for Class II misconducts)</b>				
Days Toplock	Begin:	Ends:	<input type="checkbox"/> Counseling/Reprimand (Class III only)	
Days Loss of Privileges	Begin:	Ends:	<input type="checkbox"/> \$ _____ Restitution (Class II only)	
Hours Extra Duty	Begin:	Ends:		
Property Disposition If Applicable:				
Employee Accepting Plea and Imposing Sanction (Print):		Employee's Signature:		Date:
Hearing Investigator's Name (Print):		Hearing Investigator's Signature:		Date: